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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2011 APR 18 AM 10: 21 FEC MAIL CENTER

(See instructions)

Office use only

1.	NAME OF	(Check if name	Example: If typying, typ	e 40554845	strans of synanom
	COMMITTEE (in full)	is changed)	over the lines	12FE4M5	
١.	Michigan First PAC				
ليا	<u> </u>	- 	<u> </u>		ا ــــــــــــــــــــــــــــــــــــ
Ш					
AD	DRESS (number and street)	901 N Washington St	treet		
	(Check if address is changed)	Suite 102			
		Alexandria		Y A	22314 <u></u> 1535
			CITY	STATE	ZIP CODE 📥
СО	MMITTEE'S E-MAIL ADDRES				
	(Check if address	ted@kochandhoos.c	om 	<u></u>	
	is changed)	1			
СО	MMITTEE'S WEB PAGE ADD	PRESS (URL)			
	(Check if address	1			
	is changed)				
2.	DATE M_M / D.				
	0.4	5 2011			
3.	FEC IDENTIFICATION NUM		a samarayana gameniyeda () oo li ji da jiraa. C a	e e e e e e e e e e e e e e e e e e e	
	form.	. **** i	in the control of the		
4.	IS THIS STATEMENT X	NEW (N) OR	AMENDED (A	A)	
					<u></u>
cei	rtify that I have examined this Star	tement and to the best of my kno	wledge and belief it is true, corr	rect and complete	
Тур	e or Print Name of Treasurer	Theodore V. Koc	<u>n</u>		
	_	Theodore U. 1	Cordo	M	/ [D] D / TY Y Y Y Y
Sig	nature of Treasurer	, rander		. Date 04	15 2011
NO.	TE: Submission of false arrange	a ar in complete information many	subject the names signing this	Statement to the penalties	of 2 U.S.C. \$427a
NU	TE: Submission of false, erroneou	is, or incomplete information may ANY CHANGE IN INFORMAT		•	u ≥ u.s.u. 943/g.
	Office		For further informa	1-::"	
	Use		Federal Election Cor Toll Free 800-424-9	mmission	FEC FORM 1 (Revised 02/2009)
	Only	1	1 000 202 604-1100		(I TENISEU UZIZUUS)

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5. TYPE OF C	COMMITTEE (Check One)	
Candidate	Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Comp information below.)	lete the candidate
Name of Candidate	l <u></u>	
Candidate Party Affilia		State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com	nmittee:	
(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
		Cooperative
		CA70portaire
(f) 🗖	In addition, this committee is a Lobbyist/Registrant PAC.	anatad fund or north.
" x	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Funda	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Cor	mrnittees Participating in Joint Fundraiser	
	1. FEC ID number	
	2 FEC ID number	
	3.	
	FEC ID number	· · · · · ·

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Write or Type Committee Name						
Michigan First PAC						
6. Name of Any Connected On	rganization, Affiliated Committee, Joint Fundi	raising Representative, or Lead	ership PAC Sponsor			
Dr. Daniel J. Benishe	k	<u> </u>	<u> </u>			
1 1 1 1 1 1 1 1 1	<u> </u>		<u> </u>			
Mailing Address	802 Pentoga Trail					
			<u></u>			
	Crystal Falls	<u> </u>	49920			
	CITY▲	STATE A	ZIP CODE			
Relationship: Connected Organization	Affiliated Committee Joint	Fundraising Representative X	Leadership PAC Sponsor			
possession of Committee						
Mailing Address	901 N Washington Street		······································			
	Suite 102		·			
	Alexandria		22314 _ 1535			
Title or Position ▼ Treasurer	CITY A	STATE A Telephone number 703	ZIP CODE & - 299 - 8570			
name and address of any	Thoodoro V. Koch					
Mailing Address	901 N Washington Street					
	Suite 102					
	Alexandria		22314 - 1535			
Title or Position ♥	CITY A	STATE A	ZIP CODE A			
Treasurer		Telephone number 703	_ 299 _ 8570			

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Full Name of Designated Agent	Timothy A. Koch						
Mailing Address	901 N Washington St	901 N Washington Street					
	Suite 102						
	Alexandria		VA	22314 - 1535			
Title or Position ♥	CITY A	s ⁻	ΓATE ♣	ZIP CODE A			
Assist	ant Treasurer	Telephone numbe	7 03				
ا ــاــا	NC Bank						
Mailing Address	825 N Washington Street						
							
	Alexandria		VA	22314 _			
	CITY 🗖	s	TATE 🛆	ZIP CODE A			
Name of Bank, Deposito	ory, etc.						
lL.							
Mailing Address							
			L				
	CITY 🙇	S	TATE 🔼	ZIP CODE 🛕			

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